



## **2021 Summer Camp Program**

Camp Sunrise Summer Day Camp is an amazing way for kids to encounter the love of God over the summer. It will be running Monday, May 24<sup>th</sup> - August 6<sup>th</sup>, Monday-Friday, 8 a.m.-2:30 p.m. (Columbus time).

### **When to apply:**

Students should apply as early as possible to allow time for processing of the application. All Applications must be submitted no later than May 21. **There are only 12 slots for the Camp Sunrise summer camp, so please apply fast!**

### **Age:**

Applicants that wish to apply for Camp Sunrise must be between 7-12 years of age.

### **Fee:**

A **non-refundable \$25 application fee per family** is due with this application.

### **Weekly Rates for summer camp:**

1 child - \$80

2 children - \$150

3 children - \$200

\*After 3 children, each additional child will be \$50

Parents are required to pay their weekly summer camp rates at the beginning of the week (**Monday**). If the payment isn't made by **Wednesday**, then the child/children **cannot attend** until the balance is paid in full.

There will **several field trips** during the camp season, with a calendar of events to be provided. Most of these will be included in the tuition cost. If there are other expenses you will be notified at least a week prior to event.

Payments can be made via cash, checks, money order, Cashapp, or Vemmo made payable to "Addereth, Inc.", and send it to Addereth, PO Box 895, Smiths Station, AL 36877.

Payments can also be made at child drop-off or pick-up.

**Application:**

(Each child must have their own separate application, but there is still only one \$25 application fee per family.)

Were you referenced by a church member? \_\_\_\_\_ If so, who? \_\_\_\_\_

Guardian 1 Name: \_\_\_\_\_ Guardian 2 Name: \_\_\_\_\_

Child's First Name: \_\_\_\_\_ Child's Last Name: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School Grade: \_\_\_\_\_ Parent Contact Number: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_ Zip: \_\_\_\_\_

Parent's Email Address: \_\_\_\_\_

List of adults allowed to pick up this child:

Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_

Medication and Allergies:

Please list all the medications your child uses and the times of day this medicine is taken:

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Please list any known allergies your child has:

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Any further medical history needed to assist your child, please note here:

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Any additional important details about your child, please note here:

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## **Emergency contacts:**

Name: \_\_\_\_\_ Phone number: (\_\_\_\_) \_\_\_\_\_

Relation to the child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone number: (\_\_\_\_) \_\_\_\_\_

Relation to child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone number: (\_\_\_\_) \_\_\_\_\_

Relation to child: \_\_\_\_\_

## **Daily Requirements for Camp Sunrise:**

Camp Sunrise is a day camp that begins May 24, 2021, from Monday to Friday each week.

Camp begins at 8:00 a.m. (Columbus time) and ends at 2:30 p.m.

Parents are required to pick up their child/children no later than 2:45 p.m. Any parent that is does not pick up their child/children by 2:45 p.m. is subject to have a **late fee of \$2 per minute, per child** added to their account balance.

Children will be fed a morning snack around 9:30 AM, and lunch will be served around noon. If your child has food allergies of any kind, it is required that you send a sack lunch that your child is able to eat. A schedule of daily lunches and snacks will be sent home each month with the students.

Anyone picking up the child/children must be on the list to leave with child/children. They must have car number and ID regardless of relationship to child. This applies to field trips as well.

## **Discipline for Camp Sunrise:**

Every Friday a weekly calendar will be sent home for field trips and behavior updates.

The Disciplinary Chart will be described as follows:

Green = your child had a great day

Yellow = your child had a talk with the teacher

Red = your child had a talk with director

Black = your child was sent home

If your child is **sent home 3 times during the program**, that child will be **suspended from the program for one week**.

If the child is **sent home twice after coming back from a suspension**, the child will be **expelled and not allowed to reenroll in the program**.

\*\*\*Parents are held responsible for any damages done by their children.

By signing this application, you are agreeing to these terms, and should you be enrolled in the Camp Sunrise summer day camp, you will fulfill all expectations, accept all regulations and payment criteria, and will adhere to all that is expected.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### **Photography Release allowance:**

I agree to allow Camp Sunrise to take pictures of my child and use them at their discretion for the sole purpose of updates, advertising, and social media

I do not agree to allow Camp Sunrise to take pictures of my child

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## **ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM**

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

- I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional.
- I certify that there are no health-related reasons or problems which preclude my participation in this activity.
- I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: Addereth Christian Center, Addereth Church, Addereth, Inc. Donald Clark and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that Addereth, Inc. and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

- I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.
- I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.
- The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Parent's printed name: \_\_\_\_\_ Signed: \_\_\_\_\_